SENT BY: HOWISON, & ARNO;

Approved for use through 7/31/2003, OMB 0551-0631
U.S. Patient and Trademark Office; U.S. DEPARMENT OF COMMERCE.
Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOREXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PHLY-26,512	
7 %	In re Application of Philyaw		
JUL 2 0 2004 &	Application Number 10/690,223		Filed 10/21/2003
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ucting a Contest Using a Network		
The same of the sa	Art Unit To Be Assigne	ed Examiner T	o Be Assigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified.			
application.			
The requested extension and appropriate non-smi	all-entity fee are as follows ((check time period	l desired):
One month (37 CFR 1.17(a)(1))			S
Two months (37 CFR 1.17(a)(2))			\$ <u></u>
Three months (37 CFR 1.17(a)(3))			S
Four months (37 CFR 1.17(a)(4))			s 1,480.00
Five months (37 CFR 1.17(a)(5))			\$
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-			
half, and the resulting fee is: \$ 740.00			
A check in the amount of the fee is encl	osed.		
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to characteristic to Deposit Account Number 20-0780/PHL		bu required, or	order any overpayment,
i have enclosed a duplicate copy of this	sheet.		
I am the applicant/inventor.			
assignee of record of the	e entire interest. See 37	CFR 3.71.	
Statement under 37	CFR 3.73(b) is enclosed	(Form PTO/SB	96).
attorney or agent of rec	ord. Registration Numbe	r 30,646	
attorney or agent under	37 CFR 1.34(a).	_)
Registration number if acting under 37 CFR 1.34(e) WARNING: troomation on this form may become public. Credit card information should not be included			
on this torus. Provide credit card informat	ion and authorization on P	2038.	
7/20/04		2 S	
Date		Signat	ure .
972-680-6050	Gregory	M. Howison	
Telephone Number Typed or printed name			
NOTE: Signatures of all the inventors or esalgness of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below.			
	s are submitted.		
This collection of intermation is required by 37 CFR 1.138(a). The USPTO to process) an application. Confidentiality is governed by	tiformetion is required to obtain or 35 U.S.C, 122 and 37 CFR 1,14. T	retain a benefit by the p	outilic which is to file (and by the fed to take 6 minutes to complete.

including gathering, preparing, and submitting the completed application some to the USPTO. Time will vary deplanding upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for "feducing this burden, should be sent to the Crist Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Sox 1450, Alexandria; VA 22318-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commerce, P.O. Box 1450, Alexandria; VA 22318-1450.

If you need assistance in completing the form, call 1-600-PTO-9199 and select option 2.